

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Attorney Docket No. TEL-002

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Donald A. Williams

Signature: [Signature]

Citizen of: Venezuela

Inventor two: Christopher L. Williams

Signature: [Signature]

Citizen of: Venezuela

Inventor three: Carlos L. Maynard

Signature: [Signature]

Citizen of: Venezuela

Inventor four: Javier Horacio Munoz

Signature: [Signature]

Citizen of: Venezuela

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|---------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Williams, Donald A. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | TEL-002 |

I hereby appoint:

☐ Practitioners at Customer Number 

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|-------------------|---------------------|
| E. Eugene Thigpen | 27,400 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

| | | | | | |
|---|-----------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | E. Eugene Thigpen, Attorney | | | | |
| Address | Post Office Box 42427 | | | | |
| Address | | | | | |
| City | Houston | State | Texas | Zip | 77242 |
| Country | US | | | | |
| Telephone | 713-278-2766 | Fax | 713-278-2044 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record


Name Donald A. Williams

Signature 

Date 28th OF DECEMBER 2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|---------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Williams, Donald A. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | TEL-002 |

I hereby appoint:

☐ Practitioners at Customer Number 

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|-------------------|---------------------|
| E. Eugene Thigpen | 27,400 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

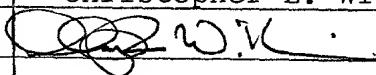
| | | | | | |
|---|-----------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | E. Eugene Thigpen, Attorney | | | | |
| Address | Post Office Box 42427 | | | | |
| Address | | | | | |
| City | Houston | State | Texas | Zip | 77242 |
| Country | US | | | | |
| Telephone | 713-278-2766 | Fax | 713-278-2044 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Christopher L. Williams |
| Signature |  |
| Date | 12-28-2000 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on

Please type a plus sign (+) inside this box → +

PTO/SB/61 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|---------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Williams, Donald A. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | TEL-002 |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|-------------------|---------------------|
| E. Eugene Thigpen | 27,400 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

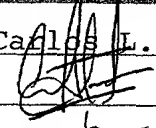
| | | | | | |
|---|-----------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | E. Eugene Thigpen, Attorney | | | | |
| Address | Post Office Box 42427 | | | | |
| Address | | | | | |
| City | Houston | State | Texas | Zip | 77242 |
| Country | US | | | | |
| Telephone | 713-278-2766 | Fax | 713-278-2044 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Carlos L. Maynard |
| Signature |  |
| Date | December 28th, 2000 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|---------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Williams, Donald A. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | TEL-002 |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|-------------------|---------------------|
| E. Eugene Thigpen | 27,400 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or
Individual Name

E. Eugene Thigpen, Attorney

Address

Post Office Box 42427

Address

City

Houston

State

Texas

Zip

77242

Country

US

Telephone

713-278-2766

Fax

713-278-2044

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Javier Horacio Munoz

Signature

Javier Munoz

Date

December 20th 2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.